FILED

## 2003 FOR PROFIT CORPORATION

## Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000034942 **DOCUMENT #** 04-28-2003 91416 027 \*\*\*150.00 1. Entity Name ADVANCED TECHNICAL ENTERPRISES, INC. Principal Place of Business Mailing Address 7011 NORTH ATLANTIC AVENUE 7011 NORTH ATLANTIC AVENUE SHITE 102 **SUITE 102** CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 3 Mailing Addr Principal Place CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 22-3505607 Not Applicable **Country** \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KOHFELDT, CHARLES C JR. Street Address (P.O. Box Number is Not Acceptable) 7011 NORTH ATLANTIC AVENUE SUITE 102 CAPE CANAVERAL FL 32920 DOUYAP 8. The above named entity of braits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) CEOP **C**hange ☐ Addition TITLE -Delete TITLE Kanfeldt Charlos C. KOHFELDT, CHARLES C JR. NAME NAME Penn Street , Soute 417 7011 NORTH ATLANTIC AVENUE, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAPE CANAVERAL FL 32920 CITY-ST-ZIP TITLE TD Delete TITLE NAME KOHFELDT, CHARLES C JR. NAME Penn Street, Suite 1A STREET ADDRESS STREET ADDRESS 7011 NORTH ATLANTIC AVENUE, SUITE 102 CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP Delete TITLE SD TITLE ☐ Change Addition NEMETH, NANCY NĂME NAME STREET ADDRESS 7011 NORTH ATLANTIC AVENUE, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE TITLE ☐ Change Addition CESARO, ROBERT NAME NAME STREET ADDRESS 7011 NORTH ATLANTIC AVENUE, SUITE 102 STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP